



Case No. (for state use only):

Mandatory Overtime for Nurses Complaint Form

Instructions:

- Please type or print legibly.
Please attach documentation that supports your claim or provides a more detailed answer for any of the questions.
Mail, fax or e-mail your form to the address above.

Acceptance of this claim by the Department does not imply that the employer is in violation of any law or regulation on mandatory overtime restrictions for healthcare facilities.

1. Name: (Last) (First) (Initial) 3. Social Security Number: XXX - XX -

2. Street Address: City State Zip Code 4. Telephone number with area code: - -
5. Alternate telephone number: - -

6. Are you an hourly employee? Yes No Occupation/Job title:

7. Name of employer:

8. Employer street address: City State Zip Code Telephone number: - -

9. Name of supervisor: Telephone number: - -

10. Employer mailing address (if different from above):

11. Nature of employer's business: Hospital Nursing home Other - explain:

Mandatory Overtime Information

12. For each incident for which you had to work mandatory overtime, provide the date, the hours you were originally scheduled to work, and the overtime hours you were required to work.

Table with 7 columns: Date(s) MM/DD/YYYY, Original Schedule Start Time, End Time, Total Hrs., Mandatory Overtime Start Time, End Time, Total Hrs.

13. Did you volunteer to work this overtime? Yes No
If "Yes," please explain (attach additional sheets if necessary):

14. Did you previously agree to work on-call shifts? Yes No
If "Yes," explain:

Please specify any limitations to your *voluntary overtime* agreement and the specific time period, or state no limitations. Report any change to your understanding of what you volunteered for.

15. Did your employer explain the reason for the mandatory overtime? Yes No
If "Yes," what reason was given?

Please make sure you capture managements reasoning; state whether this was a continuation of your workday or whether you were called in from home involuntarily. If you are told that there is no one to relieve you, be sure to ask if you are being mandated and state that you are not volunteering. This will help us build a case for their misuse of overtime.

16. Was the overtime required due to unforeseeable emergency circumstances? Yes No Not Sure
If "Yes," what were the circumstances?

Please be sure to ask this question and if any proof can be provided in writing.

17. Do you believe the overtime was required due to vacancies resulting from chronic staffing shortages? If yes, please explain and attach any supporting documentation: Yes No Not Sure

Ask for/attach staffing schedules but make sure to be in compliance with HIPPA laws

18. Was the overtime required due to any declared national, state, or municipal emergency or disaster or other catastrophic event? If yes, please explain: Yes No Not Sure

19. Was the overtime required because your employer determined there was a patient care emergency? If "Yes," please explain: Yes No Not Sure

Please ask if there is any documentation that would support that claim.

20. Depending on the reason for the mandatory overtime, your employer may have been required to exhaust reasonable efforts to obtain staffing. Please answer the following questions to the best of your knowledge:

a. Did your employer ask for volunteers to work overtime? Yes No Not Sure

b. Did your employer contact employees who made themselves available to work extra time? Yes No Not Sure

c. Did your employer contact per diem staff? Yes No Not Sure

d. Did your employer contact a temporary agency? Yes No Not Sure

21. Are you represented by a union? Yes No
If "Yes," provide local name, number and address:

22. Please use the space below or a separate sheet of paper to provide any additional information you may have regarding this complaint. Attach any documentation you may have that supports your complaint.

I request that the New York State Department of Labor, Division of Labor Standards, investigate the claim indicated by the information supplied in this complaint and advise me of the results of the investigation.

Signature: _____

Date: _____